Exhibit 9

Our Staff Our Approach Heritage Family Health

Heritage House Calls Books & Resc

FOR DR. YEAGER'S SCHOOL MASK EXEMPTION, CLICK HERE (PROVIDED AS A FREE COMMUNITY SERVICE)

HERITAGE FAMILY HEALTH, PC

Modern medicine with an old-fashioned touch

1297 Schaeffer Road Newmanstown, PA 17073

P: 717.949.4138

F: 717.949.4140

Doctors Who Care

Decisions about healthcare are among the most personal an individual will make. At Heritage Family Health, honor that by offering patients freedom of choice. As family doctors, we want to support our patients at every of health. Our office provides a safe place to sort through the changes that come on life's journey. To that end offer a wealth of services and resources using a counter-cultural model, putting the power of choice back in patients' hands. Heritage Family Health, Heritage House Calls, and *Transforming Healthcare Together* work tandem to equip people to make informed choices, live with dignity, and experience a better quality of life

Access Patient Port

Our Patient Portal provides secure o 24-hour access to personal health infor from anywhere in the world. From the you can do things like view visit summ

https://heritagefamilyhealth.org

access lab results, and communica with the doctors.

Patient Services

- General Health
- Prevention & Wellness
- Immunizations
- CDL Physicals
- Heritage Medical Weight Loss

- Home Visits
- Laceration Repair
- Skin Lesion Removal
- Chronic Disease Management
- School & Sport Physicals

LOOK FOR OUR 10TH ANNIVERSARY CELEBRATION(S) COMING IN 20

Office Updates

Learn about the power of light; ask us about **UltraSlim™**, new to our off since January 2020.

For information on outpatient treatment of Covid-19 (and what we use patients), visit America's Frontline Doctors.

Heritage Family Health, PC 1297 Schaeffer Road Newmanstown, PA 17073

PHONE 717.949.4138 FAX 717.949.4140 For Life-Threa Emergencies (

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September 6, 2021

To:	Principal/School Board in	School District
Re:	Child's Name & DOB:	
	School Mask Exemption based on Section 3B	

Pennsylvania's Acting Secretary of Health Alison V. Beam issued a face covering mask order in "school entities" effective on September 7, 2021.¹ This is based on the reported rising cases of the presumed Delta variant and its being "more than 2x as contagious as previous variants" per the CDC.² However, more contagious does not necessarily translate to more virulent or more harmful. To date, I am unaware of any change in the CDC's widely reported COVID recovery rate of 99.997% in ages 0-19. These increasing case counts are based on the widely criticized flawed PCR tests which the FDA admits were based on "contrived" samples as "clinical specimens were not readily available"³ and which the CDC admits "may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms" and which "cannot rule out diseases caused by other bacterial or viral pathogens."⁴ In a letter dated June 7, 2021, the CDC admitted to a Canadian enquirer that "a search of our records failed to reveal any documents pertaining to your request [the request being purified and isolated COVID-19 virus]."⁵

As of September 1, 2021, CDC provisional data shows 470 COVID-19 deaths in the USA in children age 0-18.6 Cumulative COVID-19 child deaths in Pennsylvania total 17, accounting for

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Joel E Yeager, MD, MA (counseling)

LuAnne D. Yeager, MD

¹ Beam's order is available <u>here</u>. It should be noted that Ms. Beam is not a physician but rather an attorney, who graduated from Drexel University School of Law and holds a BS in Health Policy and Administration from Penn State (as reported <u>here</u>).

² <u>Delta Variant: What We Know About the Science | CDC</u> (updated 8/26/21).

³ SARS-CoV-2 Reference Panel Comparative Data | FDA; note the use of the word "contrived" 4 times in the "Background" section.

⁴ CDC 2019 Novel Coronavirus (nCoV) Real-Time RT-PCR Diagnostic Panel - Instructions for Use (fda.gov), p. 40.

⁵ Report available <u>here</u>, including actual copies of the CDC letter(s).

⁶ CDC data available <u>here</u>. Specifically, 144 deaths age 0-4 and 326 deaths age 5-18. This is *cumulative* data since the beginning of COVID-19 data collection.

0.01% of all pediatric deaths.⁷ To put this in perspective, every year in the US 700 children die by drowning and 12,175 die from unintentional injuries such as car accidents.⁸ We have had the opportunity of treating dozens and dozens of COVID-19 cases in our office across a wide range of ages. Despite the hundreds of pediatric patients in our practice, we have not treated a single case of COVID under the age of 18.

Unfortunately, many physicians have chosen to abandon their patients in their hour of greatest need. Many are refusing to give valid medical exemptions from masking or vaccination. Because of this, our office has received multiple requests from both patients and non-patients in our community asking for such exemptions. While I have always maintained a strict scope of practice limited to our own established patients, I feel compelled by my own medical oath to act as a community physician in this regard. Mary Holland, JD, president and general counsel for Children's Health Defense, recently told parents that if they can't find a physician to write a valid medical exemption that they should write their own.

It must also be emphasized that children are not wards of the state but rather gifts of God to parents. As such, parents—and not the state—have final jurisdiction over their children. This concept is eloquently presented by Dr. Daniel O'Roark in chapter 4 of Coronavirus and the Leadership of the Christian Church: A Sacred Trust Broken. Article 1 § 2 of the Constitution of the Commonwealth of Pennsylvania states: All power is inherent in the people, and all free governments are founded on their authority and instituted for their peace, safety and happiness. For the advancement of these ends they have at all times an inalienable and indefeasible right to alter, reform or abolish their government in such manner as they think proper. Article 1 § 3 states in part that "no human authority can, in any case, whatever, control or interfere with the rights of conscience."

The Acting Health Secretary's order lists eight exceptions in Section 3. The one most relevant to a medical exemption is (B): If wearing a face covering would either cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition or a disability.

Believing that parents are the ones most capable of making this determination, they are exercising their constitutionally protected right in claiming this exception/exemption. I address the issue of face masks extensively in my contribution to the above book. It is beyond the scope of this letter to review that in detail. Just several highlights suffice:

⁷ See Children's Hospital Association and American Academy of Pediatrics "Children and COVID-19 State Data Report" (version 8/26/21), full report available here. This represents age 0-19. This same report notes that "among states reporting, children ranged from 1.6%-3.6% of their total cumulated hospitalizations, and 0.1%-1.9% of all their child COVID-19 cases resulted in hospitalization" and "in states reporting, 0.00%-0.03% of all child COVID-19 cases resulted in death." Summary of report available here. As of July 31st, reported pediatric COVID-19 hospitalizations numbered approximately 250 patients nationally (per an essay in The Wall Street Journal on 8/8/21 and reported here).

⁸ See May 14, 2021 article in The Federalist.

⁹ This was during a Q&A session with Robert F. Kennedy, Jr. at Family Days on the Farm in Gordonville, PA on 7/31/21, where I was in attendance.

¹⁰ I contributed two chapters to this book, released in October 2020.

- 1. The following 32 adverse health effects have been noted in wearing facemasks:
 - a. Physiological: hypoxemia, hypercapnia, shortness of breath, increase[d] lactate concentration, decline in pH levels, acidosis, toxicity, inflammation, self-contamination, increase in stress hormone levels (adrenaline, noradrenaline, and cortisol), increased muscle tension, immunosuppression.
 - Psychological: activation of "fight or flight" stress response, chronic stress condition, fear, mood disturbances, insomnia, fatigue, compromised cognitive performance.
 - c. Health consequences: increased predisposition for viral and infection illnesses, headaches, anxiety, depression, hypertension, cardiovascular disease, cancer, diabetes, Alzheimer disease, exacerbation of existing conditions and diseases, accelerated aging process, health deterioration, premature mortality.¹¹
- 2. A recent study from Germany and Austria concluded that "wearing mouth and nose covering induces a rise in carbon dioxide levels in inhaled air in children that is beyond any accepted safety levels."¹²
- 3. "...children in masks who are socially distanced are more likely to lead a sedentary lifestyle at school and home, and therefore are also more likely to become both obese and depressed...the prevalence of clinical depression and anxiety have already doubled for children globally since the beginning of the COVID-19 pandemic and will likely worsen with continued restrictions. Children in masks are more likely to miss out on critical language development..." Further, "despite sensationalized clickbait news coverage, a child's current chance of death from COVID-19 in American is lower than their chance of dying from a lighting strike or car accident."
- 4. Despite the CDC's recommendation for masking school children, they admit in their own 5/21/21 MMWR that "the 21% lower incidence in schools that required mask use among students was not statistically significant compared with schools where mask use was optional."¹⁴

¹¹ Facemasks in the COVID-19 era: A health hypothesis (nih.gov). Not surprisingly, approximately a week after publication on 5/12/21, this article was "retracted." Sadly, the new normal in medical cancel culture is that only certain opinions are allowed. A free society, including the free exchange of competing ideas, dies under such totalitarianism.

¹² Report Carbon Dioxide under Face Masks in Children 9 submitted.pdf (archive.org). "This is the long version of a study published previously as a short research letter by JAMA Pediatrics, but retracted"! The authors insist that the retraction was not warranted, as none of the three acceptable reasons for retraction were present: fabricated or wrong data, wrong analysis, or plagiarism.

¹³ This was originally published by Zak Ringelstein in Forbes on 8/18/2021 as "School Mask Mandates Mean Trauma For Millions of Children, Especially Those From Low-Income Families," but deleted after it went viral. It is archived here. According to Forbes, "Ringelstein is a teacher who has spent his career advocating for an education system that brings joy, purpose, and liberation."

¹⁴ Mask Use and Ventilation Improvements to Reduce COVID-19 Incidence in Elementary Schools — Georgia, November 16–December 11, 2020 (nih.gov), p. 783.

- 5. NIH Director Francis Collins (Dr. Fauci's boss) admitted in a interview on 8/17/21 that masking mandates in schools are more anecdotally-based than data-based. He admitted that there is no data "showing that those kids are at greater risk of hospitalization or illness of serious sort from taking their mask off." 15
- 6. Dr. Colin Axon is a senior lecturer in engineering at the UK's Brunel University who has advised the UK government on minimizing cross-infection in supermarkets. In July, he stated that due to public demands, society "got masks" which are "just a comfort blanket." Mask-wearing is now "entrenched, and we are entrenching bad behaviour." He stated further, "All around the world you can look at mask mandates and superimpose on infection rates, you cannot see that mask mandates made any effect whatsoever. The best thing you can say about any mask is that any positive effect they do have is too small to be measured." ¹⁶
- 7. In early August, Dr. Michael Osterholm, a member of Biden's COVID-19 Advisory Board, told CNN that masks are little more than theater, as "many of the face cloth coverings people wear are not very effective in reducing any of the virus movement in or out." ¹⁷
- 8. Dr. Jay Bhattacharya, professor of medicine at Stanford University, stated recently that children are not very efficient "spreaders" of Covid. "In the case of coronavirus—for reasons we don't fully understand—children even unmasked are much less likely to spread the disease to adults…"¹⁸

Therefore, the parent(s) signing below are claiming a valid medical exemption for the child named above. They are exercising their constitutionally protected rights and are also serving notice to the school district that such mandates violate federal law, as noted in the attached Children's Health Defense document dated April 26, 2021.

Sincerely,

Joel E. Yeager, MD

Parent(s) signature:

¹⁵ NIH Director Admits Child Mask Rules Are Based On Anecdotes, Not Data (thefederalist.com).

¹⁶ Cloth face masks are 'comfort blankets' that do little to curb Covid spread, Scientist warns (telegraph.co.uk), 7/17/2021.

¹⁷ Top Biden COVID-19 Advisor Admits Most Face Masks are 'Not Very Effective' in Stopping the Spread of Virus - Big League Politics, 8/2/2021.

¹⁸ Interview in The Epoch Times, 4/21/2021. Dr. Bhattacharya is one of the 3 lead scientific authors of the 10/4/2020 Great Barrington Declaration. The other two were from Harvard and Oxford. This was signed by tens of thousands of healthcare practitioners (including Drs. Yeager) and scientists and many more concerned citizens, calling for healthy people to return to normal to create herd immunity.



NOTICE FOR EMPLOYERS, UNIVERSITIES AND OTHER INSTITUTIONS MANDATING COVID-19 MASKS

April 26, 2021

This serves as notice that the mandate for any individual to wear a mask against COVID-19 for employment or attendance at a university or other institution violates federal law. All COVID-19 masks, whether surgical, N95 or other respirators, are authorized, not approved or licensed, by the federal government; they are Emergency Use Authorization (EUA) only. They merely "may be effective." Federal law states:

Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) states:

individuals to whom the product is administered are informed—

(I) that the Secretary has authorized the emergency use of the product; (II) of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and (III) of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.

EUA products are by definition experimental and thus require the right to refuse. Under the Nuremberg Code, the foundation of ethical medicine, no one may be coerced to participate in a medical experiment. Consent of the individual is "absolutely essential." A federal court held that even the U.S. military could not mandate EUA vaccines to soldiers. *Doe #1 v. Rumsfeld*, 297 F.Supp.2d 119 (2003).

In a <u>letter</u> dated April 24, 2020, the Food and Drug Administration stated that authorized face masks must be labelled accurately and may not be labeled in a way that misrepresents the product's intended use as "source control to help prevent the spread of SARS-CoV-2." The letter specifies that the labeling "may not state or imply that the product is intended for antimicrobial or antiviral protection or related uses or is for use such as infection prevention or reduction." Any EUA mandate requiring individuals to wear face masks conflicts with Section 360bbb-3(e)(1)(A)(ii)(I-III), which provides that the person must be informed of the option to refuse to wear the device.

Liability for forced participation in a medical experiment, including possible injury, may be incalculable. Children's Health Defense urges U.S. employers, universities and other institutions to respect and uphold the rights of individuals to refuse to wear EUA masks.